

# **Public Health Concerns & Suggestions re: HIV Testing, & Partner Notification**

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# What These Slides Cover:

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- ◆ AIDS Nets Council Review of Law & Regulations
  - Purposes & processes used
- ◆ The importance of case-finding
  - CDC & Public Health Goals for 2005
- ◆ There are Problems:
  - With current testing
  - With current attempts to reach partners of HIV+s
- ◆ Public Health Goals & Recommendations

# The AIDSNets Omnibus Review & Update Processes Used

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- ◆ 2000: AIDSNets Council decided to review the '88 AIDS Omnibus law & state board of health (SBOH) regulations – to see if updates would be useful for public health purposes
- ◆ 2002: The Council finished its review & showed its recommendations to other health officers (which endorsed them), to the SBOH , & to the Governor's Advisory Council on HIV/AIDS (GACHA)
- ◆ 2003: Summarized its concerns in 7 issue papers; concerns & recommendations were presented to & endorsed by the state's health officers

# Goals in Proposing Changes:

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- ◆ To improve HIV prevention by making it easier for providers to *make more people with HIV aware of their infection*, through increased counseling, testing, and notifying partners
  - Helping more persons become aware of their HIV is the best means of HIV prevention and is essential for care
- ◆ To reduce deaths and illness resulting from late diagnosis of HIV

# The “Case-Finding” Strategy & its Value

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- ◆ “*Case-finding*” means assuring that each person with HIV becomes aware of his/her infection (& is provided access to needed services). CDC estimates that only 2/3 to 3/4 are aware.
- ◆ Four Values of Case finding...
  - 1) Decreases new infections:
    - » Awareness of HIV infection is the most powerful tool for preventing continued spread (produces a 60% reduction in risk at one year, compared to ~25% risk reduction from the best behavioral interventions – e.g. group, individual).
  - 2) Knowledge of serostatus protects personal health
    - » Prevention of AIDS & dangerous immunodeficiency (i.e., persons with 200 or fewer CD4 cells can easily get *Pneumocystis carinii* pneumonia, a preventable disease that can kill ~5-10% during a first attack)

# Case-Finding Value (continued)

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- ◆ Value: Case-finding...
  - 3) Increases linkage to prevention, care, & treatment
    - » To get HIV/AIDS care people must know they're infected!
    - » The Seattle Planning Council needs assessment studies suggest that few persons who know they have HIV are not in care.
    - » Successful treatment may cut infectivity in half (SF estimate):  
further prevention value
  - 4) Will bring more resources (\$\$) to our region, because care funds will increasingly be based on the number of unsubsidized persons living with HIV/AIDS

# Additional Review & Input from Public Health and Medical Groups:

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- ◆ Washington State Association of Local Public Health Officers (WASALPHO)
- ◆ Washington State Medical Association resolutions passed October, 2004

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# HIV Counseling & Testing



# Problems with Current HIV Counseling & Testing Strategies:

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- ◆ Late diagnoses are too common
- ◆ Providers avoid prevention activities, including risk screening, counseling & testing
  - Providers say current processes, including separate consents are barriers to HIV testing
- ◆ Even high risk patients are confused by current approaches (including MSM)
- ◆ Repeat testers (studied in public health settings) want simpler processes

# Problem: Late HIV Diagnoses are too Common (as of 7/21/04)

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- ◆ Of persons newly diagnosed with HIV in King Co.
  - 22% have already progressed to AIDS
  - 35% are diagnosed with AIDS within 1 year of testing HIV+
  - 3-5% DIE in the first year after an HIV diagnosis (for the years 1998 through 2002)

# Problem: Providers Avoid Risk Screening & Testing:

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- ◆ Many providers find it hard to talk about sex & drugs
- ◆ Providers report that HIV C/T rules are too difficult:
  - » Long & prescriptive process required (e.g., DOH's guide is a 46 page booklet on HIV counseling & testing)
  - » A separate consent is required, raising provider and patient concerns & reluctance. Providers refer to public health; interfering with “*one-stop care*”
  - » Even at Harborview, because of the highly prescriptive rules and requirement for a separate consent, residents call in a special counselor;  
“*many residents finish training without ever having tested for HIV*”
  - » ER & Urgent Care screening, shown effective in other large cities, has been resisted at Harborview, but high risk populations come to ERs
- ◆ HIV C/T “*takes too much time*”, & costs a practice money

# Problem: Patients Are Confused re: HIV Counseling & Testing

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- ◆ Many patients (even MSM who might best know the rules/processes) believe that they were tested in earlier care by standard blood work; they report thinking they're negative, or their "*provider would have told me I'm HIV positive*".
- ◆ Patients wonder why a special consent is required, suggesting that:
  - maybe testing is more risky than valuable to them, or that
  - they shouldn't test at all, or delay or test elsewhere

# What's Needed to Improve Case-Finding through HIV testing?

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- ◆ Clarify rules to permit verbal consent for HIV testing
- ◆ Providers should:
  - More routinely screen patients for HIV risk
  - Routinely recommend HIV testing for persons with sexually transmitted diseases, multiple sex partners, and drug abuse problems -- outside of STD and public health settings
- ◆ Simplify rules for counseling repeat testers
- ◆ Eliminate extraordinary requirements, such as the separate informed consent
- ◆ Move towards rapid testing

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**Partner Counseling & Referral  
Services (PCRS) =  
Partner Notification =  
Contact Tracing (older names)**

# PCRS/Partner Notification: What and Why?

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- ◆ Begun 1937 by Surgeon Gen'l Parran for syphilis
- ◆ PCRS/PN = attempts to assure that possibly exposed persons become aware and are provided evaluation & care services
- ◆ Why?
  - Persons exposed to communicable diseases need to know they may be infected -- for their own care & for prevention purposes
  - Some believe exposed persons have a “right to know”
  - The more serious the disease, the more important the service

# How is Partner Notification Done?

- ◆ Persons with HIV (etc.) are interviewed by experienced providers\* to consider partners in past 12 months
  - » *All* newly found cases *should be interviewed by public health*
  - » *Providers are contacted first to permit public health involvement*
- ◆ Plan needed to assure reaching each exposed person
  - » Patient may wish to notify, but follow-up is essential to assure
  - » Public health notifies all others without divulging case identity
- ◆ Exposed people are reached carefully, notified of their risk, offered immediate testing, and helped into care if +

\* Essentially no non-public health physicians or providers are experienced



# Barriers to Partner Notification:

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- ◆ Misperception/stigma about PCRS/PN, and about public health (government) intentions & processes – among high risk groups & many providers:
  - The misperception is that process is coercive and non-confidential
- ◆ Lack of provider training, experience, & private provider standards to assure PCRS interviews, plans & f/u
  - Most private providers do little more than advise patients to notify partners, with no follow-up
  - Notification of partners by public health staff is clearly more effective than by patients themselves

# What Public Health – Seattle & King County has already done:

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- ◆ Local studies\* showed that more than 3/4 of newly identified persons with HIV support PN efforts
- ◆ Sea-King Public Health has instituted standard PN referral for new HIV+s among HIV care providers who diagnose large number of new cases. Rules should be clarified to apply to all providers.
  - The King Co. Medical Society endorsed routine involvement of public health specialists when new cases are found or reported, unless patients are opposed.
- ◆ New Approaches are being tried: *Project Unite* based on an effective model developed in LA
  - » 185 recruited 308 (found 3+% new HIV, 42 cases of other STD & BBI)

# Summary:

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- ◆ HIV case-finding is extremely important for the prevention of further transmission and for the care of those infected – to reduce late diagnoses, morbidity, and deaths
  - HIV testing rules need to be simplified
  - The exceptional requirement for a separate written consent for HIV testing needs to be eliminated
- ◆ PCRS rules should clarify that providers should refer new cases to public health professionals unless they can assure PN themselves